

State File No. **7450**

FILED MAR 13 1950

# STANDARD CERTIFICATE OF DEATH

State File No. **7450**

BIRTH NO. 2740-50 REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 2

1. PLACE OF DEATH  
a. COUNTY WISCONSIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE WISCONSIN b. COUNTY WISCONSIN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Norwood</i>	c. LENGTH OF STAY (in this place)  	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>MS</i>
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<p>d. FULL NAME OF HOSPITAL OR INSTITUTION</p> <p>YANNAU HOSPITAL</p>	<p>d. STREET ADDRESS</p>
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3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LIKKU	OLAN	BRANSTETTER		JAN	25	1957

5. SEX M A L E	6. COLOR OR RACE W H I T E	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S I N G L E	8. DATE OF BIRTH J A N 28 - 1950	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours 8	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME ALAN BRANSTETTER	13b. MOTHER'S MAIDEN NAME Verna Ross	14. NAME OF HUSBAND OR WIFE J
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
NA	NA/NA	Oliver Brown	1234 Main St, New York, NY 10001

<p><b>18. CAUSE OF DEATH</b>          Enter only one cause per line for (a), (b), and (c)</p>	<p><b>MEDICAL CERTIFICATION</b></p>
<p><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a)</p>	<p>Removal of W200 H200</p>
<p><b>II. OTHER CAUSE OF DEATH</b> (b)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)**

### ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
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21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
				m.	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from 1/21, 1957 to 1/27, 1957 that I last saw the deceased alive on 2/27, 1957 and that death occurred at 10:04 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED <i>2/3-1990</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
13	11/23/54	BAPTIST CHURCH	WYCKOFF, MISSOURI	

DATE REC'D BY LOCAL REG. 2-27-50	REGISTRAR'S SIGNATURE 347 Mr. J. D. Williams	25. FUNERAL DIRECTOR'S SIGNATURE F. D. Hall	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 3-8-50  
Wright County Health Dept.  
County Filed No. 350-24  
Date Filed: 3-8-50

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.